STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001143	A. BUILDING **01 - MERIDIAN ENDOSCOPY WEST** B. WING _____	**11/04/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA ENDOSCOPY CENTERS	**1115 N RONALD REAGAN PKWY STE 347 AVON, IN 46123**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 416.44(b). Survey Date: 11/04/15 Facility Number: 003796 Provider Number: 15C0001143 AIM Number: 100380920B At this Life Safety Code survey, Indiana Endoscopy Centers was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 416.44(b), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 20, New Ambulatory Health Care Occupancies. This facility, located on the third floor of a three story building with a basement, was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors. Quality Review completed 11/09/15 - DA	K 000		
K 046	416.44(b)(1) LIFE SAFETY CODE STANDARD Emergency illumination of at least 1 1/2 hour duration is provided in accordance with section 7.9. 20.2.9.1, 21.2.9.1. This STANDARD is not met as evidenced by: Based on record review, observation and interview; the facility failed to document testing of emergency lighting in accordance with LSC 7.9 for 3 of 3 battery powered lights for 9 months of the most recent 12 month period. LSC 7.9.3	K 046		11/18/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/30/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001143	A. BUILDING **01 - MERIDIAN ENDOSCOPY WEST** B. WING _____	**11/04/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA ENDOSCOPY CENTERS	**1115 N RONALD REAGAN PKWY STE 347 AVON, IN 46123**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 046	Continued From page 1 Periodic Testing of Emergency Lighting Equipment requires a functional test to be conducted at 30 day intervals for not less than 30 seconds and an annual test to be conducted on every required battery powered emergency lighting system for not less than 1 ½ -hr duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all patients, staff and visitors. Findings include: Based on review of "Maintenance Checklist" documentation for January 2015 through September 2015 with the Clinical Manager during record review from 10:25 a.m. to 12:15 p.m. on 11/04/15, functional testing conducted at 30 day intervals and annual 90 minute testing conducted on 09/25/15 for battery powered emergency lights in the facility were not itemized by location for tests conducted for nine months of the most recent twelve month period. Based on interview at the time of record review, the Clinical Manager acknowledged monthly and annual battery powered emergency light testing results were not itemized by location. Based on observations with the Clinical Manager during a tour of the facility from 12:15 p.m. to 2:15 p.m. on 11/04/15, wall mounted battery powered emergency lights were observed installed in each of three Endoscopy procedure rooms. Each battery powered emergency light tested operated when its respective test button was depressed.	K 046		
K 050	416.44(b)(1) LIFE SAFETY CODE STANDARD	K 050		11/18/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001143	A. BUILDING **01 - MERIDIAN ENDOSCOPY WEST** B. WING _____	**11/04/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA ENDOSCOPY CENTERS	**1115 N RONALD REAGAN PKWY STE 347 AVON, IN 46123**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 050	Continued From page 2 Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. 20.7.1.2, 21.7.1.2 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire drills at unexpected times under varying conditions on the first shift for 4 of 4 quarters. This deficient practice affects all patients, staff and visitors. Findings include: Based on review of "Fire Drill Evaluation Report" and "Exhibit 2: Fire Drill Checklist" documentation with the Clinical Manager during record review from 10:25 a.m. to 12:15 p.m. on 11/04/15, fire drills conducted on the first shift (7:00 a.m. to 4:30 p.m.) on 12/11/14, 03/24/15, 06/24/15 and 09/23/15 were conducted at, respectively, 10:30 a.m., 11:10 a.m., 11:30 a.m. and 11:10 a.m. Based on interview at the time of record review, the Clinical Manager acknowledged the aforementioned first shift fire drills were not conducted at unexpected times under varying conditions.	K 050		
K 077	416.44(b)(1) LIFE SAFETY CODE STANDARD Piped in medical gas systems comply with NFPA 99. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 1 piped gas systems interior storage locations of nonflammable gases less than 3000 cubic feet was of noncombustible or limited combustible construction. NFPA 99, Standard for Health Care Facilities, 1999 Edition,	K 077		11/25/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001143	A. BUILDING **01 - MERIDIAN ENDOSCOPY WEST** B. WING _____	**11/04/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA ENDOSCOPY CENTERS	**1115 N RONALD REAGAN PKWY STE 347 AVON, IN 46123**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 077	Continued From page 3 at 8-3.1.11.2(a) states interior storage locations for nonflammable gas less than 3000 cubic shall be of noncombustible or limited combustible construction. This deficient practice could affect three patients using the medical gases. Findings include: Based on observation with the Clinical Manager during a tour of the facility from 12:15 p.m. to 2:15 p.m. on 11/04/15, the floor of the interior piped gas system for the facility was linoleum tile from wall to wall. Six gas cylinders containing oxygen were in use or available for the left bank and right bank cylinder piped gas system. Flame spread rating documentation for the the linoleum tile was not available for review. Based on interview at the time of the observation, the Clinical Manager stated the oxygen cylinders were "H" type cylinders each with a maximum capacity of 251 cubic feet of oxygen and acknowledged the floor of the room was linoleum tile from wall to wall.	K 077		